



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION



SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

| | | | |
|---|-------------------------|--|---|
| A. SITE NAME <i>Cleveland Municipal Dump</i> | | B. STREET (or other identifier) <i>Lake Front</i> | |
| C. CITY <i>Cleveland</i> | D. STATE <i>Ohio</i> | E. ZIP CODE | F. COUNTY NAME <i>Cuyahoga</i> |
| G. OWNER/OPERATOR (if known) 1. NAME <i>City of Cleveland</i> | | 2. TELEPHONE NUMBER | |
| H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input checked="" type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN | | | |
| I. SITE DESCRIPTION <i>dump site used in 1958 to 1960, closed after that time; Freeway now built over part of site.</i> | | | |
| J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) <i>Eckhardt report</i> | | | K. DATE IDENTIFIED (mo., day, & yr.) <i>10-15-79</i> |
| L. PRINCIPAL STATE CONTACT 1. NAME <i>Deborah J. Berg</i> | | 2. TELEPHONE NUMBER <i>316-435-9171</i> | |

II. PRELIMINARY ASSESSMENT (complete this section last)

| | | |
|---|--|---|
| A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN | | EPA Region 5 Records Ctr. 321326 |
| B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority) | | |
| C. PREPARER INFORMATION 1. NAME <i>Deborah J. Berg</i> 2. TELEPHONE NUMBER <i>316-435-9171</i> 3. DATE (mo., day, & yr.) <i>1-29-80</i> | | |

III. SITE INFORMATION

| | |
|---|--|
| A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently). <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes). <input type="checkbox"/> 3. OTHER (specify): | |
| B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): | |
| C. AREA OF SITE (in acres) <i>50</i> | D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.) |
| E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): <i>city buildings & expressway</i> | |

CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

| X | A. TRANSPORTER | X | B. STORER | X | C. TREATER | X | D. DISPOSER |
|---|---------------------|---|------------------------|---|---------------------------|---|--------------------------|
| | 1. RAIL | | 1. PILE | | 1. FILTRATION | | 1. LANDFILL |
| | 2. SHIP | | 2. SURFACE IMPOUNDMENT | | 2. INCINERATION | | 2. LANDFARM |
| | 3. BARGE | | 3. DRUMS | | 3. VOLUME REDUCTION | X | 3. OPEN DUMP |
| | 4. TRUCK | | 4. TANK, ABOVE GROUND | | 4. RECYCLING/RECOVERY | | 4. SURFACE IMPOUNDMENT |
| | 5. PIPELINE | | 5. TANK, BELOW GROUND | | 5. CHEM./PHYS. TREATMENT | | 5. MIDDNIGHT DUMPING |
| | 6. OTHER (specify): | | 6. OTHER (specify): | | 6. BIOLOGICAL TREATMENT | | 6. INCINERATION |
| | | | | | 7. WASTE OIL REPROCESSING | | 7. UNDERGROUND INJECTION |
| | | | | | 8. SOLVENT RECOVERY | | 8. OTHER (specify): |
| | | | | | 9. OTHER (specify): | | |

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

open dump at that time; burned material as it was deposited until court order banned this practice; continued regular filling until 1980

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1 UNKNOWN ☐ 2. LIQUID ☒ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify): *possible*

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

no

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

| a. SLUDGE | | b. OIL | | c. SOLVENTS | | d. CHEMICALS | | e. SOLIDS | | f. OTHER | |
|-----------------|----------------------|-----------------|----------------------|-----------------|----------------------------|-----------------|-----------------------|-----------------|-------------------------------|-----------------|---|
| AMOUNT | | AMOUNT | | AMOUNT | | AMOUNT | | AMOUNT | | AMOUNT | |
| UNIT OF MEASURE | | UNIT OF MEASURE | | UNIT OF MEASURE | | UNIT OF MEASURE | | UNIT OF MEASURE | | UNIT OF MEASURE | |
| X | (1) PAINT, PIGMENTS | X | (1) OILY WASTES | X | (1) HALOGENATED SOLVENTS | X | (1) ACIDS | X | (1) FLYASH | X | (1) LABORATORY PHARMACEUT. |
| | (2) METALS SLUDGES | | (2) OTHER (specify): | | (2) NON-HALOGNTD. SOLVENTS | | (2) PICKLING LIQUORS | | (2) ASBESTOS | | (2) HOSPITAL |
| | (3) POTW | | | | (3) OTHER (specify): | | (3) CAUSTICS | | (3) MILLING/ MINE TAILINGS | | (3) RADIOACTIVE |
| | (4) ALUMINUM SLUDGE | | | | | | (4) PESTICIDES | | (4) FERROUS SMLTG. WASTES | X | (4) MUNICIPAL |
| | (5) OTHER (specify): | | | | | | (5) DYES/INKS | | (5) NON-FERROUS SMLTG. WASTES | X | (5) OTHER (specify): |
| | | | | | | | (6) CYANIDE | | (6) OTHER (specify): | | <i>degradation material</i> |
| | | | | | | | (7) PHENOLS | | | | <i>industrial & commercial refuse</i> |
| | | | | | | | (8) HALOGENS | | | | |
| | | | | | | | (9) PCB | | | | |
| | | | | | | | (10) METALS | | | | |
| | | | | | | | (11) OTHER (specify): | | | | |

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

| A. TYPE OF HAZARD | B. POTENTIAL HAZARD (mark 'X') | C. ALLEGED INCIDENT (mark 'X') | D. DATE OF INCIDENT (mo., day, yr.) | E. REMARKS |
|--|--------------------------------|--------------------------------|-------------------------------------|------------|
| 1. NO HAZARD | X | | | |
| 2. HUMAN HEALTH | | | | |
| 3. NON-WORKER INJURY/EXPOSURE | | | | |
| 4. WORKER INJURY | | | | |
| 5. CONTAMINATION OF WATER SUPPLY | | | | |
| 6. CONTAMINATION OF FOOD CHAIN | | | | |
| 7. CONTAMINATION OF GROUND WATER | | | | |
| 8. CONTAMINATION OF SURFACE WATER | | | | |
| 9. DAMAGE TO FLORA/FAUNA | | | | |
| 10. FISH KILL | | | | |
| 11. CONTAMINATION OF AIR | | | | |
| 12. NOTICEABLE ODORS | | | | |
| 13. CONTAMINATION OF SOIL | | | | |
| 14. PROPERTY DAMAGE | | | | |
| 15. FIRE OR EXPLOSION | | | | |
| 16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS | | | | |
| 17. SEWER, STORM DRAIN PROBLEMS | | | | |
| 18. EROSION PROBLEMS | | | | |
| 19. INADEQUATE SECURITY | | | | |
| 20. INCOMPATIBLE WASTES | | | | |
| 21. MIDNIGHT DUMPING | | | | |
| 22. OTHER (specify): | | | | |

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

no permits

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

N/A

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE ☒ B. YES (summarize below)

court order by city to stop open burning

IX. INSPECTION ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---------------------|--|------------------------------|----------------|
| | | | |
| | | | |
| | | | |

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---------------------|--|------------------------------|----------------|
| | | | |
| | | | |
| | | | |

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.